

| | | | | | | | | | | | | |
|--|----|---|---|---|---|--|--|--|--|--|--|--|
| Anxiety or Irritability: 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable/anxious 3 patient irritable or anxious that participation in the assessment is difficult | 1 | 1 | 0 | 1 | 1 | | | | | | | |
| Gooseflesh skin: 0 skin is smooth 3 piloerection of skin can be felt or hairs standing up on arms 5 prominent piloerection | 3 | 0 | 0 | 0 | 0 | | | | | | | |
| Total Score (total score is the sum of all 11 items) | 13 | 9 | 5 | 8 | 4 | | | | | | | |
| Initials of person completing assessment | sf | | | | | | | | | | | |

Scale for Scoring:

Total Score =
5-12: mild; 13-24: moderate; 25-36: moderately severe; > 36: Severe withdrawal

-Score of 5-12: Observe, re-evaluate BID x 3 days and D/C if score
-Score of 13-24: Continue assessment and encourage increased fluid intake; initiate admission orders
-Score of 25 or >: Initiate admission orders and notify provider for additional detox orders.

Additional Information or Comments:

med. lute, Bismuth 130 400, Diemodex given A.M. 8/26/17
8/26/17 20:00 150 8/26/17 20:00 given

Nurse Signature: S. Eder

Date/Time: 8/26/17 e 1550

Provider order: _____

Date/Time: _____

Cochise County Jail Medical Clinical Opiate Withdrawal Scale

| Assessment Protocol size with Drug/Alcohol intoxication withdrawal medical orders. Record results of UDS on comment section. | Date | Time | Pulse | RR | O2 sat | BP | | | | | | | | | | | |
|--|---------|---------|-------|----|--------|--------|--|--|--|--|--|--|--|--|--|--|--|
| | 8/26/18 | 8:27 AM | 111 | 20 | 98% | 124/79 | | | | | | | | | | | |
| | 8/27/18 | 8:27 AM | 106 | 18 | 99 | 106/75 | | | | | | | | | | | |
| | 8/28/18 | 8:27 AM | 98 | 18 | 98 | 107/55 | | | | | | | | | | | |
| | 8/29/18 | 8:27 AM | 108 | 18 | 98 | 113/80 | | | | | | | | | | | |
| Assess and rate each of the following (GWS) | | | | | | | | | | | | | | | | | |
| Resting Pulse rate: _____ beats/min (Measured after patient is sitting for one minute) | | | | | | | | | | | | | | | | | |
| 0 pulse rate 80 or below | | | | | | | | | | | | | | | | | |
| 1 pulse rate 81-100 | 2 | | | | | | | | | | | | | | | | |
| 2 pulse rate 101-120 | | 2 | | | | | | | | | | | | | | | |
| 4 pulse rate > 120 | | | 1 | | | | | | | | | | | | | | |
| | | | | 4 | | | | | | | | | | | | | |
| | | | | | 1 | | | | | | | | | | | | |
| Sweating: (over past 1/2 hour not accounted for by room temp or patient activity) | | | | | | | | | | | | | | | | | |
| 0 No report of chills or flushing | | | | | | | | | | | | | | | | | |
| 1 subjective report of chills or flushing | | | | | | | | | | | | | | | | | |
| 2 flushed or observable moistness on face | 0 | | 1 | | | | | | | | | | | | | | |
| 3 beads of sweat on brow or face | | | | 1 | | | | | | | | | | | | | |
| 4 sweat streaming off face | | | | | 0 | | | | | | | | | | | | |
| Restlessness: (Observation during assessment) | | | | | | | | | | | | | | | | | |
| 0 able to sit still | | | | | | | | | | | | | | | | | |
| 1 reports difficulty sitting still, but is able to do so | | | | | | | | | | | | | | | | | |
| 3 frequent shifting or extraneous movements of legs/arms | 1 | | | | | | | | | | | | | | | | |
| 5 Unable to still for > few seconds | | 0 | | | | | | | | | | | | | | | |
| | | 0 | | | | | | | | | | | | | | | |
| | | | 1 | | | | | | | | | | | | | | |
| | | | | 0 | | | | | | | | | | | | | |
| Pupil size: | | | | | | | | | | | | | | | | | |
| 0 pupils pinned or normal size for light room | | | | | | | | | | | | | | | | | |
| 1 pupils possible > than normal for room light | 0 | | | | | | | | | | | | | | | | |
| 2 pupils moderately dilated | | 0 | | | | | | | | | | | | | | | |
| 5 pupil so dilated only rim of iris is visible | | | 0 | | | | | | | | | | | | | | |
| | | | | 0 | | | | | | | | | | | | | |
| | | | | | 0 | | | | | | | | | | | | |
| Bone or joint aches: (If pt was having pain previously, only the additional component attributed to opiate w/draw is scored) | | | | | | | | | | | | | | | | | |
| 0 not present | | | | | | | | | | | | | | | | | |
| 1 mild diffuse discomfort | | | | | | | | | | | | | | | | | |
| 2 patient reports severe diffuse aching of joints/muscles | 2 | | | | | | | | | | | | | | | | |
| 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort | | 2 | | | | | | | | | | | | | | | |
| | | | 1 | | | | | | | | | | | | | | |
| | | | | 0 | | | | | | | | | | | | | |
| | | | | | 1 | | | | | | | | | | | | |
| Runny nose or tearing: (Not accounted for by cold) | | | | | | | | | | | | | | | | | |
| 0 not present | | | | | | | | | | | | | | | | | |
| 1 nasal stuffiness or unusually moist eyes | | | | | | | | | | | | | | | | | |
| 2 nose running or tearing | 0 | | | | | | | | | | | | | | | | |
| 4 nose constantly running or tears streaming | | 0 | | | | | | | | | | | | | | | |
| | | | 0 | | | | | | | | | | | | | | |
| | | | | 1 | | | | | | | | | | | | | |
| | | | | | 0 | | | | | | | | | | | | |
| GI upset: (over last 1/2 hr) | | | | | | | | | | | | | | | | | |
| 0 no GI symptoms | | | | | | | | | | | | | | | | | |
| 1 stomach cramps | | | | | | | | | | | | | | | | | |
| 2 N/or V | | | | | | | | | | | | | | | | | |
| 3 loose stool or diarrhea | 3 | | | | | | | | | | | | | | | | |
| 5 multiple episodes diarrhea or vomiting | | 3 | | | | | | | | | | | | | | | |
| | | | 1 | | | | | | | | | | | | | | |
| | | | | 0 | | | | | | | | | | | | | |
| | | | | | 1 | | | | | | | | | | | | |
| Tremor: (Observation of outstretched hands) | | | | | | | | | | | | | | | | | |
| 0 No tremor | | | | | | | | | | | | | | | | | |
| 1 tremor can be felt, but not observed | | | | | | | | | | | | | | | | | |
| 2 Slight tremor observable | 0 | | | | | | | | | | | | | | | | |
| 4 gross tremor or muscle twitching | | 0 | | | | | | | | | | | | | | | |
| | | | 1 | | | | | | | | | | | | | | |
| | | | | 0 | | | | | | | | | | | | | |
| | | | | | 0 | | | | | | | | | | | | |
| Yawning: (observation during assessment) | | | | | | | | | | | | | | | | | |
| 0 yawning | | | | | | | | | | | | | | | | | |
| 1 yawning once or twice during assessment | | | | | | | | | | | | | | | | | |
| 2 yawning three or more times during assessment | 1 | | | | | | | | | | | | | | | | |
| 4 yawning several times/minute | | 0 | | | | | | | | | | | | | | | |
| | | | 0 | | | | | | | | | | | | | | |
| | | | | 0 | | | | | | | | | | | | | |
| | | | | | 0 | | | | | | | | | | | | |

Hills Kristina

CB